

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		15	11/26/59
FORMALITY REVIEW		69853	11/26/59

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date									
Final	01	02	03	04	05	06	07	08	09	10
Original	01	02	03	04	05	06	07	08	09	10
1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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Claim	Date									
Final	51	52	53	54	55	56	57	58	59	60
Original	51	52	53	54	55	56	57	58	59	60
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Claim	Date									
Final	110	111	112	113	114	115	116	117	118	119
Original	110	111	112	113	114	115	116	117	118	119
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If more than 150 claims or 10 actions  
staple additional sheet here